

**EXHIBIT B - PRIOR Restitution Request
VICTIM IMPACT STATEMENT
United States v. Jaycob Tyler Kutzera
CR 17-48-GF-BMM**

NAME: M S

A. RESTITUTION

1. List total amount requested for restitution from the defendant=s crime (Use enclosed checklist to help): Please provide any receipts or documentation to substantiate the claim:

- \$
- Phone taken by the police and put in evidence. **\$75.00**
 - Replacement phone for the minor. **\$150**
 - Driving to Helena from Great Falls while minor was in Shodair – 192 mile round trip for 5 days – **\$518.40** this rate is based on the IRS mileage rate for 2016.
 - Work missed while minor victim was in Shodair - \$16.00/ hr 8 hr days for 5 days = **\$640.00**
 - Minor victim in Shodair for 5 days - \$370.00 / day =**\$1,850.00**
 - Counseling in Montana from April 15, 2016 - June 23, 2016 – \$120/ Hr pre visit minor victim was seen 1 time a week. = 10 weeks = **\$1,200.00**
 - Counseling in Arizona from June 23, 2016 – January 1, 2018 - \$130 / Hr per visit minor victim was seen 1 time a week. = 80 weeks = **\$10,400**
 - PHD level therapy for DBT-PTSD treatment January 1, 2018 til still ongoing - \$150 / Hr per visit. Minor Victim is seen once a week for this treatment. = 23 weeks = **\$3,400.00** and ongoing.

Total cost = \$18,233.40

B. REIMBURSEMENT RECEIVED (*Have you been reimbursed for loss?*): X Yes

_____ No

If reimbursed please explain and provide amount: Some have been paid out by my insurance for the minor child.

For the Counseling in Montana they paid for 50% of the cost for the impatent hospital stay. = \$950.00

For outpatient counseling in Montana they paid 50% of the cost. = \$600.00

Arizona counseling they paid 75% of the cost = \$7,800.00

Arizona PHD level therapy they pay 75% of the cost = \$ 2,550.00 this service is still on going.

TOTAL REIMBURSEMENT RECEIVED TO THIS DATE \$11,900.00

TOTAL RESTITUTION REQUESTED \$ 6,333.40

How has this crime affected you? Please see the victim statement that was provided to the US Attorney's office

Please attach additional sheets if needed

Please provide

Please provide any additional information which you would like the court to consider at the time of sentencing.

**Would you like to attend the sentencing? Yes
_____X____ No**

**Would you like to address the court at sentencing? X Yes
_____ No I have addressed the court by the letter that I have wrote and turned in to the US Attorney's office.**

I declare under penalty of law the above information is true and correct.
Dated this 30th day of May, 2018.

SignatureM S

Electronically signed in order to get to the US Attorney's office.

**PLEASE RETURN TO THE U.S. ATTORNEY=S OFFICE, 901 FRONT ST., STE. 1100,
HELENA, MT 59626 NO LATER THAN APRIL 16, 2018.**